

03500.014593

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YASUO SUDA

Application No.: 09/604,744

Filed: June 28, 2000

For: IMAGE PICKUP APPARATUS

)
:
) Examiner: G. Solomon

)
:
) Group Art Unit: 2615

)
:
) April 30, 2004

MAIL STOP AMENDMENT

Commissioner For Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED

MAY 05 2004

Technology Center 2600

AMENDMENT

Sir:

In response to the Official Action dated January 30, 2004, Applicant respectfully requests that the following amendments and remarks be entered and considered in the above-identified application.



2615

In re Application of:

Docket No. 03500.014593

YASUO SUDA

Application No.: 09/604,744

Examiner: G. Solomon

Filed: June 28, 2000

Group Art Unit: 2615

For: IMAGE PICKUP APPARATUS

Date: April 30, 2004

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

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CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	MINUS	21	0	x \$9 \$18	0
INDEP. CLAIMS	1	MINUS	3	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

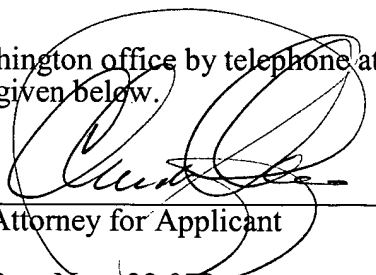
☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$____ is enclosed.☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicant

Reg. No. 32,078

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